**EDITH STRAUSS RESEARCH PROJECT**

**GRANT** **APPLICATION FORM**

# IMPORTANT

Please read the PROPOSAL GUIDELINES for submission deadline/instructions.

Forms must be typed, except signatures and dates.

**APPLICATION PROCESS:**

**Step 1: Complete and submit Online Registration Form (**[**www.mcgill.ca/spot/kt**](http://www.mcgill.ca/spot/kt))**) at least 5 business days prior to submitting the application.**

**Step 2: You will receive an email with a link to an empty shared folder and will be able to add, drop and/or edit your application in this folder until the submission deadline. After the submission deadline, access to the folder will be closed.**

**SUBMISSION:** **Electronic version of complete application (1 PDF) submitted in the shared folder by the submission deadline.**

**1. Details of Project Leader**

Last Name: Title:

(Miss, Mrs, Mr, Dr, Prof etc)

First Name(s):

Primary Affiliation:

Status: □ Clinician: please specify: □ Administrator please specify □ Patient

□ MSc. Professional student □ MSc. Student □ PhD Student □ Post-doctoral Fellow

Address for correspondence:

Telephone: E-mail:

**2. Details of Principal Applicant / Supervisor**

Last Name: Title:

(Miss, Mrs, Mr, Dr, Prof etc)

First Name(s):

Primary Affiliation:

Address:

Telephone: E-mail:

**3. Details of Team members**

(i) Last Name: Title:

(Miss, Mrs, Mr, Dr, Prof etc)

First Name(s):

Primary Affiliation:

Address:

Telephone: E-mail:

(ii) Last Name: Title:

(Miss, Mrs, Mr, Dr, Prof etc)

First Name(s):

Primary Affiliation:

Address:

Telephone: E-mail:

(iii) Last Name: Title:

(Miss, Mrs, Mr, Dr, Prof etc)

First Name(s):

Primary Affiliation:

Address:

Postal code: Telephone:

E-mail:

**Reproduce this page if required for additional team members**

**4. Project details**

Title of project

# 5. Type of project (please check)

# □ Knowledge synthesis □ Knowledge products/tools □Knowledge implementation

**6.**  **Total sum requested $**

**7. Cooperation confirmation**

Does the project involve full-time clinicians applying for stipend or participating as a project leader? □ Yes □ No

Does the project require the cooperation of specific individuals and/or clinical sites:□ Yes □ No

*If yes, please attach letters of support confirming cooperation from an employer/clinical site.*

**8. Declarations**

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| --- |
| Project Leader I have read the conditions set out by the Edith Strauss Rehabilitation Research Project (in Knowledge Translation), and agree to abide by them if my application is successful. I shall be actively engaged in the project.  Signature of Project Leader:  Name:  Date: / / Principal Applicant / Research Supervisor I confirm that I have read this application and that, if funded, I will be responsible for the conduct of the research and the monitoring of its progress. I have read the conditions set out by the Edith Strauss Rehabilitation Research Project (in Knowledge Translation), and agree to abide by them if my application is successful.  Signature of Principal Applicant:  Name:  Date: / /  McGill University appointment:  **Team Member** (**Reproduce this page if required for additional team members)**  I confirm that I have read this application. I shall be actively engaged in the project.  Signature of Team Member: ..... ......  Name:  Date: / / |

**9. Details of Proposed Research**

Please provide a research proposal that is **3000 words** maximum (double-spaced; font size 12), including tables and excluding structured abstract, appendices and references. The research proposal should be appended to the application form. Content that exceeds this word limit will not considered by the reviewers. Refer to Proposal Guidelines for more information.

**10. Details of Research Team** (include those named in section 1, 2 and 3)

|  |  |
| --- | --- |
| **Name** | **Main Roles and Responsibilities** |
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**11. Budget: Breakdown of funds requested**

|  |  |
| --- | --- |
| Category | TOTAL |
| Staff salaries/stipends |  |
| Travel and subsistence |  |
| Equipment |  |
| Consumables |  |
| Other |  |
| TOTAL |  |

# 12. Budget Justification

# This should include the basis for any calculation or estimate of costs.

**NOTE:** When paying McGill-affiliated individuals (e.g. students, research assistants/associates, casual research assistants), you will need to consider the University recommended minimum hourly rate + mandatory benefits according to their employment title. Mandatory benefits may vary between 20-28%. Please refer to Research Salary guidelines: <http://www.mcgill.ca/research/researchers/proposal/budget>